**Hindustan Aeronautics Limited**

**Helicopter Division**

APPLICATION FOR THE POST OF --------------------- Advt No. dated

Affix your recent self-attested Passport size Photograph

|  |  |  |
| --- | --- | --- |
| 1 | Name (IN BLOCK LETTERS) |  |
| 2 | Gender |  |
| 3 | Father’s Name |  |
| 4 | Mother’s Name |  |
| 5 | Date of Birth &Age as on 30.09.2024 |  |
| 6 | State of Domicile and Nationality |  |
| 7 | Contact / Mailing Address……………………………………………………………………………………………………………………………..………………………………………………………………………………………Pin Code………………………. Phone No (with STD Code):Mobile No: Email ID: | Permanent Address…………………………………………………………………………………………………………………………………………………………………………………………………………………………………….Pin Code…………………………. Phone No (with STD Code): Mobile No:Email ID: |
| 8 | Nearest Railway Station |  |
| 9 | Religion |  |
| 10 | Were you domicile of J&K during the period from 1.01.1980 to 31.12.1989? ( copy of Certificate to be produced atthe time of Interview) | Yes / No |
| 11 | Circle the Category (copy of Certificate to be produced at the time of Interview/Document Verification in case of SC/ST/OBC) | SC / ST / OBC / GEN |
| 12 | Are you a Person with Disability (PWD)? If so, mention the category of Disability (VD/OD/HD) ( copy ofCertificate to be produced at the time of Interview ) | Yes / No VD / OD / HD / Others |

|  |  |  |
| --- | --- | --- |
| 13 | a) Are you an Ex- Serviceman?(If yes , please answer the following) |  Yes / No |
| Date of Joining the Services |  |
| Date of Discharge from the Services |  |
| No. of years of service |  |
| Rank at the time of discharge / release |  |
| 14 | Are you Serving Officer in the Armed Forces? (if yes, please answer the following) |  Yes / No |
| Date of joining the Services |  |
| Present Rank |  |
| Date of Seniority in Present Rank |  |
| No. of completed years in the Current Rank as on **30-09-2024** |  |
| Have you forwarded your application through Proper Channel? | Yes / No |
| 15 | Have you ever been a Member/Worker of any Political Party/Organisation or participated in Political activities? If ‘Yes’ please give the following details;1. Name of Political Party/Organisation:
2. Particulars of Political Activity (if any)
3. Period of Membership (from year)/year of participation in Political Activity:
4. Nature of Participation in Political Activity:
5. Office, if any, held in Political Party:
 | Yes / No --------------------------------------------------- --------------------------------------------------- --------------------------------------------------- --------------------------------------------------- --------------------------------------------------- |
| 16 | Have you been interviewed by HAL any time earlier?(If yes, please give the details of thepost for which you have been interviewed as also date/year/venue) If Yes:Post Interviewed: Date of Interview: Venue of Interview: | Yes / No--------------------------------------------------------------------------------------------------------------------------------------------- |
| 17 | Are any of your close relatives working in HAL? If yes, provide details ofName, Designation, Division, etc. | Yes / No |

18. EDUCATIONAL QUALIFICATION: (Academic and Professional from SSLC onwards)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Qualification withspecializationwhereverApplicable. | Institution/ University Board | Nature of the Course (Full Time/ PartTime/Correspondence)  | Duration oftheCourse | Subjects / Specification | Class / Division | Month& Year of Passing | MaximumMarks | MarksObtained | % ofMarks |
| (1) | (2) | (3) |  (4) |  (5) | (6) | (7) |  (8) |  (9) |  (10) |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

(Note: Please give full & complete information. Use separate sheets if required)

 19. Details of Training undergone in the last 5 years :

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No | Name of Program | Institution / Organisation | Duration of the Training |
| From(dd/mm/yy) | To(dd/mm/yy) |
| (1) | (2) | (3) | (4) | (5) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(Use separate sheets, if required)

 20. Professional Experience as a Trainee (if applicable)

 (chronological order) : (use separate sheets, if required)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No | Designation | Name of theOrganisation | CentralGovt/ PSU / Private | Date of Joining as Trainee | Pay Scale | GrossPay/ Stipend | Reasons for Leaving |
| From (dd/mm/yy) | To(dd/mm/yy) |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

(Note: Please give complete details for the experience profile like Date, Month & Year. Use separate sheets if required)

 21. Professional Experience from the First Job onwards to Current Job [excluding the period of Training] (chronological order)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Designation** | **Name of the Organisation** | **Central Govt/ PSU/ Private** | **Date of** | **Pay****Scale** | **Gross****Pay** | **Reasons for Leaving** |
| **From****(dd/mm/yy)** | **To****(dd/mm/yy)** |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

(Note: Please give complete details for the experience profile like Date, Month & Year. Use separate sheets if required)

**Note: (i) The period of training undergone by a candidate in a Private Company is not reckoned for calculating the Post Professional Qualification Experience.**

**(ii) Candidates are required to carefully indicate details at Sl.No.20 & 21 only as per the Documentary Proof available with them. The same are subject to scrutiny/ verification at a later stage of selection.**

22. Professional qualification for the post of Flying Instructor:

(a) DGCA Computer No if any. :

(b) DGCA qualifications for Ex-Service Personnel. :

|  |  |  |
| --- | --- | --- |
| **Sl. No** | **Paper Qualified** | **Date of acquisition of****Qualification** |
| (1) | (2) | (3) |
|  |  |  |
|  |  |  |
|  |  |  |

(c) Flying Experience :

(Submit in separate sheets overall flying experience as per DGCA form CA39 and flying done during last six months)

23. Types of Licenses and Endorsement :

|  |  |  |
| --- | --- | --- |
| **Sl. No** | **Type of License/ Endorsement** | **Validity** |
| (1) | (2) | (3) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

24. Professional qualification for the post of Technical Tradesman (Airframe):

DGCA Computer No. if any :

|  |  |  |
| --- | --- | --- |
| **Sl. No** | **DGCA Papers passed****(If any)** | **Date of Qualification** |
| (1) | (2) | (3) |
|  |  |  |
|  |  |  |
|  |  |  |

25. Detailed Picture of the professional experience / significant contributions held by you. (If required to be typed in about 100 words on a separate sheet and enclosed to the application with your name legibly written on the top of the paper)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No** | **Rank** | **Type of****Helicopter / Aircraft experience Or Appointment held** | **Date** | **Experience in Years** |
|  |  |  | **From****(dd/mm/yy)** | **To****(dd/mm/yy)** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

26. Details of Application Fee paid through Challan to the HAL Recruitment A/C No. **41496209808 (IFSC Code SBIN0009077)** (i.e Application Fee of Rs. 500/- or Rs. 200/- (inclusive of GST of 18%) & applicable Bank charges)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of SBI Branch / Bank | Branch Code | Date | Amount |
|  |  |  |  |

(Original Challan **“HAL Copy” to be enclosed** with the application)

I hereby declare that the above statements are true and complete to the best of my knowledge and belief. I understand that in the event the information is found to be false or incorrect, my candidature/appointment may be considered as terminated without any notice.

**Place : Signature of the Candidate**

**Date :**

***Note: The candidate is required to fill up all the columns. In the event of failure to enclose/ fill up the aforesaid details (including details sought at sl. No.26 above) the application form will be summarily rejected.***